L19000204666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN

AUG 16 2019

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Optima Health Institute, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corliss Y. Oliver
Name of Person

Firm/Company

2236 Summer Rose Court
Address

Saint Cloud, FL 34772
City/State and Zip Code

optimahealthinstitute@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corliss Oliver at (407) 319-2680
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☒ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:
New Filing Section
Division of Corporations
Clifton Building
2261 Executive Center Circle
Tallahassee, FL 32301

FROM:
Corliss Y. Oliver
2236 Summer Raye Court
Saint Cloud, FL 34772

I am the owner of Optima Health Institute, LLC and Document Number L17000039542. I have no intentions of re-opening Optima Health Institute, LLC and therefore give my permission to release Optima Health Institute, LLC and use that name on the new filing that I am submitting.

Signed

Corliss Y. Oliver Date 5 Aug 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

OPTIMA HEALTH INSTITUTE, LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
3239 Old Winter Garden Rd Suite 10 Orlando FL 32805	2236 Summer Rose Court Saint Cloud FL 34772

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corliss Y. Oliver
Name

2236 Summer Rose Court
Florida street address (P.O. Box **NOT** acceptable)

Saint Cloud FL 34772
City State Zip

2019 AUG -8 PM 12:28
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TALLAHASSEE, FL

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Corliss Y. Oliver, MD
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____

(Use attachment if necessary)

2019 AUG -8 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE:

Corliss Y. Oliver
_____

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Corliss Y. Oliver
_____
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)